



LEAVE REQUEST FORM—EMERGENCY PAID SICK LEAVE AND/OR EXPANDED FAMILY AND MEDICAL LEAVE

Form with fields: Name, Date, Department/campus, Position, Email, Phone number, Duration of leave (specify dates requested)

Leave benefits under the Families First Coronavirus Response Act (FFCRA) apply for the limited time period of April 1, 2020 to December 31, 2020. The amount of paid leave an employee may receive will vary depending on the reason leave is taken. Detailed information is available in the Employee Rights notice that can be found on the BISD website under Staff Resources, Coronavirus Update, and also attached.

An employee requesting emergency paid sick leave and/or expanded family and medical leave must complete this form and return it to Marsha Goertz, Leave and Benefits Manager, as soon as the need for leave is identified. In order to be eligible for the Emergency Paid Sick Leave, documentation supporting the need for leave must be included when the request is submitted.

Emergency Paid Sick Leave (EPSL) is limited to 80 total hours of paid leave at the following rates:

- Self: employee's regular rate of pay
For care of an individual or a son or daughter: 2/3 the employee's regular rate of pay

Expanded Family and Medical Leave (EFML) provides up to 12 weeks of leave to care for a son or daughter when school is closed or child care is unavailable due to COVID-19. The first two weeks are paid as mentioned above, EPSL. The remaining 10 weeks is paid at two-thirds the regular rate of pay up to \$200 per day, and employee must use accrued State and Local Leave concurrently.

I request EPSL for the following reason(s):

SELF (to care for another individual or child, see next page)

I'm subject to a federal, state, or local quarantine or isolation order related to COVID-19.

Name of entity requiring quarantine or isolation:

I've been advised to self-quarantine by a health care provider.

Written notice from the health care provider must be attached to be eligible for EPSL.

I'm experiencing symptoms of COVID-19 and am seeking a medical diagnosis.

Type of symptoms and date for test or Doctor's appointment:

I'm experiencing any other substantially-similar conditions specified by the U.S. Department of Health and Human Services.



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I request EPSL for the following reason:

CARE FOR AN INDIVIDUAL (Immediate family member, someone who regularly resides in the home, someone whose relationship creates an expectation of care.)

I'm unable to work in order to care for an individual subject or advised to quarantine or isolate.

Written notice from the health care provider must be attached to be eligible for EPSL.

Name of individual: Relationship:

I request EPSL and/or EFMLA for the following reason:

CARE FOR SON OR DAUGHTER WHOSE SCHOOL OR PLACE OF CARE IS CLOSED

I'm unable to work in order to care for a minor son or daughter because their school is closed or child care is not available due to COVID-19.

Name of school or child care facility, please include:

Are you the only adult caring for the child(ren): yes no

Name and age of child(ren):

If the son or daughter is over the age of 14 describe special circumstance requiring the care:

I'm requesting intermittent leave for childcare purposes according to the following schedule:

Emergency Paid Sick Leave (when caring for an Individual advised to quarantine, or child whose childcare or school is closed):

Yes No I choose to use my accrued paid leave to "top off" the 2/3 pay covered by EPSL so I will receive 100 percent of my regular rate of pay.

Expanded Family Medical Leave:

Initial here I understand I'm required to use my accrued state and local leave concurrently with EFML. When accrued leave is exhausted, I will receive 2/3 pay for any remaining EFML.

Designation (completed by Leave and Benefits Manager):

- The employee qualifies for EPSL.
The employee does not qualify for EPSL.
The employee qualifies for weeks of EFML.
The employee does not qualify for EFML.

For office use only:
Date of Employment
Medical certification provided Yes No
Approved by: Name and title
Date:



# EMPLOYEE RIGHTS

## PAID SICK LEAVE AND EXPANDED FAMILY AND MEDICAL LEAVE UNDER THE FAMILIES FIRST CORONAVIRUS RESPONSE ACT

The **Families First Coronavirus Response Act (FFCRA or Act)** requires certain employers to provide their employees with paid sick leave and expanded family and medical leave for specified reasons related to COVID-19. These provisions will apply from April 1, 2020 through December 31, 2020.

### ▶ PAID LEAVE ENTITLEMENTS

Generally, employers covered under the Act must provide employees:

Up to two weeks (80 hours, or a part-time employee's two-week equivalent) of paid sick leave based on the higher of their regular rate of pay, or the applicable state or Federal minimum wage, paid at:

- 100% for qualifying reasons #1-3 below, up to \$511 daily and \$5,110 total;
- ⅔ for qualifying reasons #4 and 6 below, up to \$200 daily and \$2,000 total; and
- Up to 12 weeks of paid sick leave and expanded family and medical leave paid at ⅔ for qualifying reason #5 below for up to \$200 daily and \$12,000 total.

A part-time employee is eligible for leave for the number of hours that the employee is normally scheduled to work over that period.

### ▶ ELIGIBLE EMPLOYEES

In general, employees of private sector employers with fewer than 500 employees, and certain public sector employers, are eligible for up to two weeks of fully or partially paid sick leave for COVID-19 related reasons (see below). *Employees who have been employed for at least 30 days* prior to their leave request may be eligible for up to an additional 10 weeks of partially paid expanded family and medical leave for reason #5 below.

### ▶ QUALIFYING REASONS FOR LEAVE RELATED TO COVID-19

An employee is entitled to take leave related to COVID-19 if the employee is unable to work, including unable to **telework**, because the employee:

- |   |   |
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| <ol style="list-style-type: none"><li>1. is subject to a Federal, State, or local quarantine or isolation order related to COVID-19;</li><li>2. has been advised by a health care provider to self-quarantine related to COVID-19;</li><li>3. is experiencing COVID-19 symptoms and is seeking a medical diagnosis;</li><li>4. is caring for an individual subject to an order described in (1) or self-quarantine as described in (2);</li></ol> | <ol style="list-style-type: none"><li>5. is caring for his or her child whose school or place of care is closed (or child care provider is unavailable) due to COVID-19 related reasons; or</li><li>6. is experiencing any other substantially-similar condition specified by the U.S. Department of Health and Human Services.</li></ol> |
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### ▶ ENFORCEMENT

The U.S. Department of Labor's Wage and Hour Division (WHD) has the authority to investigate and enforce compliance with the FFCRA. Employers may not discharge, discipline, or otherwise discriminate against any employee who lawfully takes paid sick leave or expanded family and medical leave under the FFCRA, files a complaint, or institutes a proceeding under or related to this Act. Employers in violation of the provisions of the FFCRA will be subject to penalties and enforcement by WHD.



**WAGE AND HOUR DIVISION**  
UNITED STATES DEPARTMENT OF LABOR

For additional information  
or to file a complaint:  
**1-866-487-9243**  
TTY: 1-877-889-5627  
[dol.gov/agencies/whd](https://dol.gov/agencies/whd)

